

MANUAL TRANSMITTAL

Arkansas Department of Human Services Division of County Operations

☐ Policy ☒ Form ☐ Policy Directive
Income Maintenance Forms Manual

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From: Joni Jones
Director

Expiration Date: Until Superseded

Subj: New Form DCO-190, Non-Time Limited TEA Annual Reevaluation

<u>Form to be Deleted</u>	<u>Dated</u>	<u>Form to be Added</u>	<u>Dated</u>
None		DCO-190	9/03

Summary of Changes

Form DCO-190, Non-Time Limited Annual Reevaluation, is a new form that will be used for the annual review of TEA non-time limited cases.

Form DCO-190 is not mandatory for TEA case reevaluations that are completed at the same time a Food Stamp or Medicaid review is being completed provided adequate information is available to the county to determine the continuing eligibility of the TEA cash assistance case.

Form DCO-190 is available through central supply and on DHS Gold.

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Transitional Employment Assistance (TEA) Non-Time Limited TEA Annual Reevaluation

IF YOU NEED THIS MATERIAL IN A DIFFERENT FORMAT, SUCH AS LARGE PRINT, CONTACT YOUR LOCAL DHS OFFICE. Si necesita este formulario en Español, llame 1-800-482-8988 y pida la versión en Español.

To: _____ **Return To:** _____

Case # _____

Annual Reevaluation Instructions

Your continued eligibility for TEA cash assistance is reviewed on a yearly basis. It is now time for the review. Complete each question on this notice and return it to your county DHS office by _____. This information will be used to determine your continued eligibility for TEA cash assistance.

I. Household

Has a child for whom you are receiving assistance moved out of your household in the last twelve months?
☐ Yes ☐ No If yes, please list the name(s) below.

Name (First, Middle initial & Last)	Social Security #	Birthdate	Race	Sex	Relationship to you	Date Moved

Has a brother/sister, half brother/sister, parent or stepparent to any of the children for whom you are receiving assistance moved into your household in the last twelve months? ☐ Yes ☐ No If yes, please list the name(s) below.

Name (First, Middle initial & Last)	Social Security #	Birthdate	Related to which child	How related	U.S. Citizen Y/N

II. School Attendance and Childhood Immunizations

If the new household member listed above is a child age 5 through 17, is he or she attending school?

☐ Yes ☐ No

If yes, where? _____. What grade? _____.

If the new household member listed above is a child under the age of 5, has he or she received or begun receiving childhood immunizations (shots)? ☐ Yes ☐ No

If yes, please attach a copy of the child's immunization (shot) record.

If no, a copy of the child's immunization record verifying that the child is receiving the immunizations must be provided to DHS within 30 days of the date the child is added to your TEA case.

Do all children ages 5-17 for whom you are currently receiving assistance attend school? ☐ Yes ☐ No

If no, please list the names of the children that are not attending school and the reason in the spaces provided below. (Do not list children who are not attending school due to school vacations/breaks.)

Name (First, Middle initial & Last)	Social Security #	Reason child is not attending school

III. Resources

Please indicate which resources you or anyone for whom you are receiving assistance currently has.

Resource	Yes	No	Amount	Where	Name of Person (s)
Cash on Hand					
Bank Accounts					
Property other than your home					
Stocks, Bonds, Trust Funds, etc.					
Vehicles					

IV. Income (Attach Verification – for example, check stubs, award letters, court order, etc.)

Does anyone receive income from the following?

Source of Income	Yes	No	Source	Gross Amount	How often	Who Receives?
Earnings						
SSA/SSI/VA						
Child Support						
Other						

V. Change of Address

Have you moved in the last 12 months? ☐ Yes ☐ No. If yes, please write your current address on the line below.

READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN BELOW.

- I understand that if anyone receives TEA cash assistance to which they are not eligible as a result of my withholding information I will be liable for any overpayment.
- I understand that the information provided on this report may result in the loss of TEA benefits.
- I authorize DCO to obtain information from other state agencies and other sources to confirm the accuracy of my statements.
- I declare that the information I have provided is correct.

I understand that by signing this annual report I am subject to penalties for false statements.

Parent/Caretaker Relative Signature

Date

Instructions

DCO-190, Non-Time Limited TEA Annual Reevaluation

Purpose

Form DCO-190, Non-Time Limited TEA Annual Re-evaluation, is used to request information needed to establish continuing eligibility from a non-time limited TEA recipient. Form DCO-190 will be sent in the absence of a Food Stamp Quarterly Report or TEA Medicaid Re-evaluation form.

Completion

Form DCO-190 will be sent to a non-time limited TEA recipient for completion. The TEA recipient will complete the requested information in sections I through IV, as applicable, sign and return to the county.

Routing and Retention

Form DCO-190 will be retained in the TEA case record until the case record is destroyed.